

ORTHOPAEDIC HOSPITAL
222-Church Road
Eastern Railway/ Howrah-711101.

NO.HG/MED/Tie-Up/CT &MRI/CGHS/2021

Howrah, dated 04 / 09 / 2021

Sub : -Floating of notice for **Expression Of Interest (EOI) regarding** outsourcing of various work of Clinical investigations including Radiological(MRI/CT-Scan) and other special investigations for Railway beneficiaries to be referred from Orthopaedic Hospital/E.Rly/Howrah at latest CGHS rates or at lower rate or GOVT rate, AIIMS's rate or at reasonable rate as per mutual agreement between railway and the centre for a period of **three (03) years** .

Application for Expression of Interest(EOI) is invited from the interested diagnostic centers/hospitals for extending investigative facilities to railway patients of Orthopaedic Hospital/HWH at latest CGHS rates of the city in concern/nearest city; in case CGHS rate for a particular investigation is not available then AIIMS rate or any other government hospital rate shall be applicable or reasonable rate as per mutual agreement between Railway and the centre.

1.	Name of the works	Radiological(MRI/CT-Scan) and other special investigations etc. Details of investigations are available in ANNEXURE-B/1, B/2 & B/3
2	Place where the prescribed format and related necessary papers to be deposited or sent by post	In the office of Chief Medical Superintendent/ Orthopaedic Hospital 222-Church Road/ Eastern Railway/ Howrah-711101. A pre offer consulting may be done with the medical officer-in-charge i.e. ACMS/Admin/HWH who will be available from 12.00 hrs to 14.00 hrs. on any working day till 07.10.2021
3	Date and time of receipt of application	Prescribed format of application, necessary documents and offered rates in annexures will be received on any working day between 10.30 hrs to 14.00 hrs up to 07/10/2021
	Modalities of rates has to be accepted by the firms and if found suitable by the committee	A Memorandum Of Understanding(MOU) will be executed with interested firms who will render their service at Central Government Health scheme(CGHS) rates or lower rates or in case CGHS rate for a particular investigation is not available then AIIMS rate or any other government hospital rate shall be applicable or reasonable rate as per mutual agreement between Railway and the centre with bill paying system. Rates shall be firm throughout the empanelment period of three years from the date of acceptance by competent authority . Payment shall be made on the clear bill along with reference slip issued from the Orthopaedic Hospital, Eastern Railway/Howrah.
5	Mode of selection of firms	One committee of Medical officers may be formed who will select the firms with whom Railway will go for tie-up/MOU with bill paying system. Empanelment will be done on the basis of the prescribed criteria and offered rates. Empanelment will be on sole discretion of the committee. Empanelment will be on sole discretion of the committee. Railway authority reserves the right to terminate empanelment process at any point of time without assigning any reason. Keeping valid NABLor NABH certification may be preferable.
6	Credential	Document/certificate of previous experience regarding similar work executing with Govt/semi Govt organization(if any) need to be submitted.
7	Application form	1.Prescribed format of application as Annexure-A 2.Details of investigations on which rates to be quoted are marked as Annexure-B/1,B/2 and B/3

(Dr. Chandan Pathak)
Addl. Chief Medical Suptd(Ortho)
E.Rly/HWH

Cont....p/2

8	Bench mark criteria to be followed	<p>A. <u>Infrastructure</u> Radiological(MRI/CT-Scan) and other special investigations listed in Annexure B/1, B/2 and B/3 have to be done in reputed latest brand machines and conducted by a qualified technician and further countersigned by the competent specialized medical practitioners of diagnostic centers/ hospitals</p> <p>B. <u>Human resource</u></p> <ol style="list-style-type: none"> 1. Medical Officer – The specialist(MD Radiologist/Cardiologist) in the concerned field should be available during investigations 2. Technician - Should have requisite qualification in the concerned field. 3. Other paramedical staff should be available for taking care of patient during investigations. <p>C. <u>Other criteria:-</u></p> <ol style="list-style-type: none"> 1. Must be well equipped with advance technology. Whether it is NABL/ NABH or Non NABL/NABH. 2. Must have suitable place for taking the patient smoothly. 4. There should be sufficient space outside hospital for parking of vehicle (Ambulance). 5. There should be sufficient infrastructure inside hospital premises for managing emergency if arises during stay of the patient at hospital . 6. Diagnostic centre or Hospital near Orthopaedic Hospital/Howrah will be preferred. 7. All licenses necessary to run such an establishment must be available for inspection. 8. Must all time to obtain, maintain and sustain the valid registration, recognition and high quality and standard of its services and to have all statutory/mandatory licenses, permits or approval of the concerned authorities under or as per existing laws. 9. Rates for different type investigations must be unaltered throughout the empanelment period. 10. All reports should be submitted within 24 hrs.
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(Dr. Chandan Pathak)
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E.Rly/HWH

Cont....p/3

9	Bench mark criteria	<p>D. <u>Mode of selection of Diagnostic centre/Hospitals</u></p> <p>Nominated committee of Medical officers will select the Diagnostic centre/hospital with whom Railway will go for tie-up/ MOU with bill paying system. Committee may visit the applicant's clinic before recommendation. Empanelment will be done on the basis of the above criteria and offered rates which are in conformity with latest CGHS rates of the city in concern/nearest city; in case CGHS rate for a particular investigation is not available then AIIMS rate or any other government hospital rate shall be applicable or reasonable rate as per mutual agreement between Railway and the centre. Empanelment will be on sole discretion of the committee. Railway authority reserves the right to terminate the empanelment process at any point of time without assigning any reason.</p> <p>E. <u>Payment:</u> The Diagnostic centre / Hospital will provide Cashless service to the patient(s) and payment will be done by Railways on receiving Bills on Monthly basis. Bill should be submitted in two copies along with referral letter and a copy of report at the end of each month.</p>
10	Other criteria to be followed	<p>a. The Railway Administration reserves the right to accept or reject any or all of the offers without assigning any reason whatsoever.</p> <p>b. A declaration stating any unsatisfactory performance and breach of contract on the part of diagnostic centre/hospital detected by the railway authority and decision taken thereof shall be final and binding on the performer, has to be enclosed with the prescribed format of application</p> <p>c. EIO may be extended after expiry of agreemental period by going further mutual agreement between Railway and the centre subject to satisfactory performance</p> <p>Eastern Railway Website – www.er.indianrailways.gov.in</p>

(Dr. Chandan Pathak)
Addl. Chief Medical Suptd(Ortho)
EASTERN RAILWAY/ HOWRAH
For and on behalf Chief Medical Suptd/HWH
and President of India

ANNEXURE –A

PRESCRIBED FORMAT APPLICATION

FOR

EXPRESSION OF INTEREST (EOI) FOR ENTERING INTO TIE UP WITH CGHS/ESI/ECHS EMPANELLED/ UNEMPANELLED PRIVATE HOSPITAL/DIAGNOSTIC CENTRE / POLY CLINIC IN KOLKATA AND HOWRAH AREA WITH ORTHOPAEDIC HOSPITAL HOWRAH /E.RLY FOR DOING OUTSOURCING WORK OF CLINICAL INVESTIGATIONS INCLUDING RADIOLOGICAL(MRI/CT SCAN) AND SPECIAL INVESTIGATIONS(VIDE ANNEXURE B/1,B/2 AND B/3) AT LATEST CGHS RATES OF THE CITY IN CONCERN/NEAREST CITY (IN CASE CGHS RATE FOR A PARTICULAR INVESTIGATION IS NOT AVAILABLE THEN AIIMS RATE OR ANY OTHER GOVERNMENT HOSPITAL RATE SHALL BE APPLICABLE OR REASONABLE RATE AS PER MUTUAL AGREEMENT BETWEEN RAILWAY AND THE CENTRE)

1. NAME OF THE DIAGNOSTIC CENTERS/ HOSPITAL / ADDRESS/TELEPHONE NUMBER/E MAIL ID -----

2. EXPERIENCES OF WORKING IN THE MOU FORMAT IN PRIVATE SECTOR/GOVT. SECTOR/ATTACH DETAILS. -----

3. WE AGREE TO PROVIDE SERVICES AT LATEST CGHS/NON-NABH/NABH) RATES AS PER APPLICABLE TO KOLKATA OR ANY OTHER GOVERNMENT HOSPITAL RATE OR REASONABLE RATE AS PER MUTUAL AGREEMENT BETWEEN RAILWAY AND THE CENTRE-----

4. WE AGREE TO PROVIDE THE SERVICES TO THE RAILWAY BENEFICIARIES IN FOLLOWING DISCIPLINES (REF : ANNEXURE- B/1,B/2 and B/3 OF EOI) FOR THREE YEARS -----

5. FOR THOSE SERVICES/INVESTIGATIONS/TREATMENT MODALITIES, WHICH ARE NOT LISTED IN THE CGHS RATE, OUR HOSPITAL WILL PROVIDE THE SERVICES ON HOSPITAL RATES -----% DISCOUNT, LIST OF WHICH ARE ENCLOSED

6. WE ALSO AGREE TO PROVIDE SERVICES ON BILL SYSTEM OF PAYMENT AND ABIDE BY THE RULES AS TO BE FRAMED IN AGREEMENT COPY -----

7. OUR DIAGNOSTIC CENTER/HOSPITAL OFFERS TO PROVIDE FREE AMBULANCE SERVICES FOR ALL REFERRAL(INDOOR) PATIENTS TO AND FROM AT HOWRAH ORTHOPAEDIC HOSPITAL -----

SIGNATURE
AUTHORIZED SIGNATORY
(NAME-)

ADDRESS -----

PHONE NUMBER-----

E MAIL ID-----

SEAL/STAMP

8. WE HEREBY ENCLOSE A LIST OF THE FACILITIES, WHICH ARE AVAILABLE WITH OUR DIAGNOSTIC CENTER/
HOSPITAL AS PER ANNEXURE -----

9. WE ENCLOSE THE IN HOUSE HUMAN RESOURCES/SPECIALISATIONS, WHICH ARE AVAILABLE WITH OUR
DIAGNOSTIC CENTER/HOSPITAL AS PER ANNEXURE..... THE INFRASTRUCTURAL FACILITIES OF OUR
HOSPITAL IS ALSO ENCLOSED AS PER ANNEXURE.....

10. WE ENCLOSE A COMPLETE TARIFF CHART OF OUR DIAGNOSTIC CENTER/ HOSPITAL COMPARING WITH CGHS
RATES AS PER ANNEXURE.....

11. OUR DIAGNOSTIC CENTER /HOSPITAL HAVE BEEN RECOGNISED FOR TREATMENT OF THE FOLLOWING
GOVT. ORGANISATION/SEMI-GOVT. ORGANISATION/ PRIVATE ORGANISATION AS PER ANNEXURE
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12. WE HOPE OUR ORGANISATION WILL BE CONSIDERED FOR TIE-UP WITH ORTHOPAEDIC HOSPITAL/HOWRAH
FOR PROVIDING SERVICES TO THE RAILWAY BENEFICIARIES.

13 DOCUMENTS TO BE ATTACHED (Trade license, Accreditation Certificate, Fire certificate,
NABL/NABH, CGHS empanelment certificate with validity period etc.)_____

14. OTHERS DOCUMENTS TO BE ATTACHED (PAN card details, Bank Accounts details,Trade license
and authorization letter with whom correspondence will be made etc)

**(All documents are to be signed and stamped by the Authorized signatory on all pages.
No columns from 1 to 14 will be left blank. EIO may be extended after expiry of
agreemental period of three years by going further mutual agreement between Railway and
the centre subject to satisfactory performance)**

SIGNATURE OF AUTHORIZED SIGNATORY

(NAME-)

ADDRESS -----

PHONE NUMBER-----

E MAIL ID-----

Whatsapp No. _____

SEAL/STAMP

ANNEXURE-B/1

LIST OF RADIOLOGICAL(CT+MRI) AND OTHER INVESTIGATIONS ON WHICH RATES ARE OFFERED

Sl. No	Name of the investigation	Rate in figure (Rs.)	Rate in words (Rupees)
1.	X-ray Mammography		
2.	CT Head-Without Contrast		
3.	CT Head- with Contrast (+/- CT angiography)		
4.	C. T. Chest - without contrast (for lungs)		
5.	C. T. Scan Lower Abdomen(incl. Pelvis) With Contrast		
6.	C. T. Scan Lower Abdomen(Incl. Pelvis) Without Contrast		
7.	C. T. Scan Whole Abdomen Without Contrast		
8.	C. T. Scan Whole Abdomen With Contrast		
09.	C. T. Scan Neck – Without Contrast		
10.	C. T. Scan Neck – With Contrast		
11.	C. T. Scan Orbits - Without Contrast		
12.	C. T. Scan Orbits - With Contrast		
13.	C. T. Scan of Para Nasal Sinuses- Without Contrast		
14.	C. T. Scan of Para Nasal Sinuses - With Contrast		
15	C. T. Spine (Cervical, Dorsal, Lumbar, Sacral)– without contrast		
16	CT Temporal bone – without contrast		
17	CT Scan of Knee with 3D CT		
18	CT Scan of hip with 3D CT		
19	CT Scan of elbow with 3D CT		
20	CT Scan of ankle with 3D CT		
21	CT Guided intervention FNAC		
22	CT Dental		
23	Triple phase CT abdomen		
24	MRI Mammography		
25	MRI Head – Without Contrast		
26	MRI Head – With Contrast		
27	MRI orbits without contrast		
28	MRI orbits with contrast		
29	MRI Nasopharynx and PNS – Without Contrast		
30	MRI Nasopharynx and PNS – With Contrast		
31	MRI Neck - Without Contrast		
32	MRI Neck- with contrast		
33	MRI Shoulder – Without contrast		
34	MRI shoulder both Joints - Without contrast		
35	MRI Shoulder both joints – With contrast		
36	MRI Wrist Single joint - Without contrast		
37	MRI Wrist Single joint - With contrast		
38	MRI Wrist both joints - Without contrast		
39	MRI Wrist both joints - With contrast		
40	MRI hip- without contrast		
41	MRI hip- with contrast		

SIGNATURE OF AUTHORIZED SIGNATORY OF DIAGNOSTIC CENTRE WITH SEAL & STAMP

Cont....Annex-B/2

Sl No.	Name of the investigation	Rate in figure (Rs.)	Rate in words (Rupees)
42	MRI knee Single joint - Without contrast		
43	MRI knee Single joint - With contrast		
44	MRI knee both joints - Without contrast		
45	MRI knee both joints - With contrast		
46	MRI Ankle Single joint - Without contrast		
47	MRI Ankle single joint - With contrast		
48	MRI Ankle both joints - With contrast		
49	MRI Ankle both joints - Without contrast		
50	MRI Pelvis – Without Contrast		
51	MRI Pelvis – with contrast		
52	MRI Extremities - With contrast		
53	MRI Extremities - Without contrast		
54	MRI face with contrast		
55	MRI face without contrast		
56	MRI Temporomandibular – B/L - With contrast		
57	MRI Temporomandibular – B/L - Without contrast		
58	MRI Temporal Bone/ Inner ear with contrast		
59	MRI Temporal Bone/ Inner ear without contrast		
60	MRI Abdomen – Without Contrast		
61	MRI Abdomen – With Contrast		
62	MRI Breast - With Contrast		
63	MRI Breast - Without Contrast		
64	MRI Chest – Without Contrast		
65	MRI Chest – With Contrast		
66	MRI spine screening without contrast		
67	MRI Cervical/Cervico Dorsal Spine Without Contrast		
68	MRI Cervical/ Cervico Dorsal Spine with Contrast		
69	MRI Dorsal/ Dorso Lumbar Spine Without Contrast		
70	MRI Dorsal/ Dorso Lumbar Spine With Contrast		
71	MRI Lumbar/ Lumbo-Sacral Spine – Without Contrast		
72	MRI Lumbar/ Lumbo-Sacral Spine – With Contrast		
73	Incremental response		
74	MR cholecysto pancreatography		
75	MRI Angiography - with contrast		
76	MR Enteroclysis		
77	EEG/Video EEG		
78	Nerve condition velocity (at least 2 limbs)		
79	TMT		
80	Holter Analysis		
81	2 D echocardiography		

SIGNATURE OF AUTHORIZED SIGNATORY OF DIAGNOSTIC CENTRE WITH SEAL & STAMP

Cont....Annex-B/3

Annexure -B /3

Sl No.	Name of the investigation	Rate in figure (Rs.)	Rate in words (Rupees)
82	Carotid Doppler		
83	Arterial colour Doppler		
84	Venous colour doppler		
85	Colour Doppler, renal arteries/any other organ		
86	Dexa scan Bone Densitometry-Two sites		
87	Dexa scan Bone Densitometry-Three sites(Spine, hip and extremity)		
88	Dexa scan Bone Densitometry whole body		
89	EMG (Electro myography)		

SIGNATURE OF AUTHORIZED SIGNATORY OF DIAGNOSTIC CENTRE WITH SEAL & STAMP